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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *RS*  
*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *RS*  
*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Robert J. Smith</i> Examiner's Signature <i>RS</i> Initials	STATE OR COUNTRY WI	SHEETS DRAWING 9	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 8
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 21186  
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TITLE  
 Decoupled vector architecture

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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